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Date of Deposit November 16, 2001

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I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231

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Printed name of person mailing correspondence

Signature of person mailing correspondence



UTILITY PATENT AP	PLICATION TRANSMITTA	L UNDER 37 C.F.R. § 1.53(b)			
Attorney Docket Number	50195/008003				
Applicants	James M. Robl, Richard A. Goldsby, Stacy E. Ferguson, Yoshimi Kuroiwa, Kazuma Tomizuka, and Isao Ishida				
Title	EXPRESSION OF XENOGENOUS (HUMAN) IMMUNOGLOBULINS IN CLONED, TRANSGENIC UNGULATES				
PRIORITY INFORMATION:					
This application claims the benefit of the filing date of U.S. provisional patent application 60/311,625, filed August 9, 2001 and U.S provisional patent application 60/256,458, filed December 20, 2000 and is a continuation-in-part of U.S. utility application 09/714,185 filed November 17, 2000.					
SMALL ENTITY STATUS:					
□ Applicant claims small entity status under 37 C.F.R. § 1.27.					
APPLICATION ELEMENTS:					
Cover sheet		1 page			
Specification		77 pages			
Claims		5 pages			
Abstract		1 page			
Drawing		37 sheets			
Combined Declaration and POA, □ Unsigned; □ Newly signed for this application □ A copy from prior application [** the entire disclosure of the prior a being part of the disclosure of this hereby incorporated by reference	4 pages				
Sequence Statement	0 pages				
Sequence Listing on Paper	0 pages				
Sequence Listing on Diskette	0 disk				

Small Entity Statement, which is: □ A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	0 pages
Preliminary Amendment	0 pages
IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$740	\$740.00
Excess Claims Fee: 48 - 20 = 28 x \$18	\$504.00
Excess Independent Claims Fee: 12 - 3 = 9 x \$84	\$756.00
Multiple Dependent Claims Fee: \$0	\$0.00
Total Fees:	\$2,000.00

- ☑ Enclosed is a check for \$2,000.00 to cover the total fees.
- □ Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees.
- □ The filing fee is not being paid at this time.
- ☑ Please apply any other charges or any credits, to Deposit Account No. 03-2095.

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CUSTOMER NO: 21559

Signature Susan M. Michaud Reg. No. 42,885

November 16, 2001 Date

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